SUBJECT MATTER SPECIALIST AND GUEST LECTURERS FORM

Form Code: PSS SMS v.1.0

Application fee - none

COMMONWEALTH OF VIRGINIA

Department of Criminal Justice Services
Private Security Services Section
P.O. Box 10110, Richmond, VA 23240-9998
Phone #: (804) 786-4700; Fax #: (804) 786-6344

Website: <u>www.dcjs.virginia.gov/privatesecurity</u> Status Hotline: (804) 786-1132 or 1-877-9STATUS

1. Legal Entity Name: 2. Trade or Fictitious Name: 3. DCJS ID# 88- Federal Employer ID Number: 4. Mailing Address: Number and Street City/Town State 5. Physical Address: Number and Street City/Town (If different than Mailing) Fax: _____ 6. Telephone: Business: 7. Please list the name of the subject matter specialist/guest lecturer. SSN: _____ _____ Date: ____ Signature (Required) 8. Specific portion(s) of required subject(s) the individual is requesting to instruct: i.e. the basic law portion of 02E private investigator entry-level. If additional space is needed, please attach a separate sheet of paper.

9. Pursuant to 6 VAC 20-171-290, do you have documentation that supports the individual's

If No, this application cannot be processed.

credentials for instructing in the proposed subject matter?

No

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	Yes	experience and	attach third party documentation verifying the type and dates of d/or training. Resumes are not acceptable. This application sessed without the requested documentation.
	10. Do you understand that a subject matter specialist and/or a guest lecturer can only teach specific portions of a course, not the entire course?		
		Yes	□No
11. Do you understand that a certified instructor <u>must</u> be present with a guest lecturer?			d instructor must be present with a guest lecturer?
		Yes	□ No
	12. Do you understand that a certified instructor need <u>not</u> be present with a subject matter specialist?		
		Yes	□ No
I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges. I understand that I am responsible for maintaining full compliance with Virginia Code Section 9.1.138 through 9.1-150 and the Regulations Relating to Private Security Services 6VAC 20-171. Training Director or Assistant Training Director			
		_	Print Name
Signature			Date: mm/dd/yyyy

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